ARRAN TARA SENIOR AMBASSADOR OF THE FAIR **ENTRY FORM:**

Contestant's Name:
Address:
Phone Number: Date of Birth:
Date of Birth.
INFORMATION FORM: This information below will be read by the M.C. as you are walking to the stage.
Name of School:
Grade:
Subjects of special interest to you:
What type of career do you hope to seek?
Summer or present employment:
Special Interests:
Clubs or organizations that you belong to:
Hobbies:
Talents:
I, hereby agree to enter the Arran Tara Ambassador of the Fair Competition, on Thursday, June 19, 2025

Please return this form to: Margaret Playle By May 31st, 2025. 988 Conc. 2 Dobbinton, ON

519-387-3302

mplayle84@gmail.com